

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM.
Secretary of State

DOCUMENT # F93000000510

1. Entity Name
S.C.H. OF MASSACHUSETTS, INC.



Principal Place of Business

2 BOURBON STREET
2ND FLOOR
PEABODY, MA 01960 US

Mailing Address

2 BOURBON STREET
2ND FLOOR
PEABODY, MA 01960 US

DO NOT WRITE IN THIS SPACE



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number

04-3152723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

U000000162498
07/26/04-80016-020 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME NICHOLSON, WILLIAM A
STREET ADDRESS 2 BOURBON ST
CITY-ST-ZIP PEABODY, MA 019601384

TITLE VPT
NAME GLOVSKY, C. JOEL
STREET ADDRESS 7 LONGRIDGE LANE
CITY-ST-ZIP IPSWICH, MA 01938

TITLE S
NAME LEBHER, HEATHER
STREET ADDRESS 4 CURTIS ST
CITY-ST-ZIP ROCKPORT, MA 01966

TITLE D
NAME HOLLISTER, CHRISTOPHER
STREET ADDRESS 8402 STERLING BRIDGE RD
CITY-ST-ZIP CHAPEL HILL, NC 27516

TITLE D
NAME NICHOLSON, WILLIAM A
STREET ADDRESS 2 BOURBON STREET
CITY-ST-ZIP PEABODY, MA 01960

TITLE D
NAME GLOVSKY, C. JOEL
STREET ADDRESS 7 LONG RIDGE LANE
CITY-ST-ZIP IPSWICH, MA 01938

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/04 (978) 535-6700